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REVOCATION OF POWER OF ATTORNEY and APPOINTMENT OF NEW POWER OF ATTORNEY

Application Number	09/883,842
Filing Date	June 18, 2001
First Named Inventor	Stanley Stein
Group Art Unit	1615
Examiner Name	Di Noia Baron, Liliانا
Attorney Docket Number	614.1009

I hereby revoke all previous powers of attorney given in the above-identified application:

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners at Customer Number:

23280

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with Customer Number:

23280

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Davidson, Davidson & Kappel, LLC				
Address	485 Seventh Avenue				
Address	14 th Floor				
City	New York				
Country	USA	State	NY	ZIP	10018
Telephone	(212) 736-1940	Fax	(212) 736-2427		

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of an undivided part interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

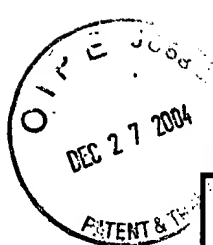
Name	William T Adams			
Signature				
Date	7/7/04	Telephone	732 932-0115	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

**STATEMENT UNDER 37 CFR 3.73(b)**Applicant/Patent Owner: Stanley STEIN, et al.Application No./Patent No.: 09/883,842Filed/Issue Date: June 18, 2001Entitled: MUTIPLE PHASE CROSS-LINKED COMPOSITIONS AND USES THEREOFRutgers, The State University of New Jersey, a University

(Name of Assignee)

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☐ the assignee of the entire right, title, and interest; or
2. ☒ an assignee of an undivided part interest

in the patent application/patent identified above by virtue of either:

- A. ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the Patent and Trademark Office at Reel 012347, Frame 0448, or for which a copy thereof is attached.

OR

- B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

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To: _____

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☐ Additional documents in the chain of title are listed on a supplemental sheet.

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[NOTE: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.8]

The undersigned (whose title is supplied below) is empowered to sign this statement on behalf of the assignee.

July 7, 2004
Date

[Signature]
Signature

William T. Adams
Typed or printed name

Director, OCLTT
Title



REVOCATION OF POWER OF
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NEW POWER OF ATTORNEY

Application Number	09/883,842
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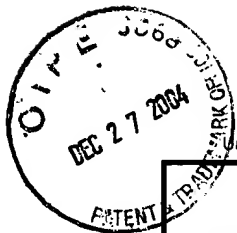
Name	DENISE MULKERN VICE PRESIDENT FOR FINANCE AND TREASURER		
Signature			
Date	1/7/04	Telephone	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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OR

- B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

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To: _____

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To: _____

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The undersigned (whose title is supplied below) is empowered to sign this statement on behalf of the assignee.

5/7/04
DateDenise Mulker
Signature

Typed or printed name

DENISE MULKERN
VICE PRESIDENT FOR FINANCE AND TREASURER

Title